

SONOGRAPHER WORKSHEET - SAMPLE

Sonographer Observations only.
This is NOT a diagnosis by a medical practitioner

Exam Date: DD - MON - YY

Clinical Information: _____

Surname	Given Name
Address	
Phone number	
Personal Health Number	Physician/Midwife Name

LMP: DD-MON-YY = _____ wks _____ days Uncertain LMP G _____ T _____ P _____ A _____ L _____

1st US on: DD-MON-YY CRL = _____ mm = _____ wks _____ days No previous scan

Gestational age today = _____ wks _____ days Based on: U/S LMP IVF conception Last Scan Date: DD-MON-YY

Number of Fetuses: _____ Membrane: _____ Chorionicity/Amnionicity: _____
 Fetus A Fetus B Fetus C EV: Yes No EV# _____
 Fetal Position: _____ FHR: _____ BPM
 Placenta: _____ Previa: Yes No _____
 DVP: _____ cm Cervix (less than 32 wk 0d): _____ cm

NT: _____ mm FMF #: _____

CRL _____ mm = 50% for _____ wks
 BPD _____ mm = 50% for _____ wks
 HC _____ mm = 50% for _____ wks
 AC _____ mm = 50% for _____ wks
 FL _____ mm = 50% for _____ wks

Less than 10%	10-50%	50-90%	Greater than 90%
(For gestational age today)			

Today's Est. Fetal age: _____ wks _____ days ± _____ wks Est. Fetal Weight: _____ gm

Today's Est. Fetal age based on: LMP 1st US IVF Conception Today's Scan EDD: DD-MON-YY

Cerebral Ventricles	Abd. Cord Ins.	
Cisterna M./Cerebellum	Heart (axis) 4C	
CSP	Heart (SAX and/or Outflows)	
Choroid Plexus/Ventricles	Symmetrical Lung Fields	
Face (Lips/Orbits)	Stomach	
Spine	Kidneys	
4 Limbs each with 3 segments	Bladder	
	3VC	
Genitalia: <input type="checkbox"/> probably M <input type="checkbox"/> probably F <input type="checkbox"/> not determined		

FETAL SOFT MARKERS Markers Not Assessed

Choroid Plexus Cyst (CPC)	<input type="checkbox"/> None seen <input type="checkbox"/> Bi/ <input type="checkbox"/> Uni lateral _____ mm (record largest)
Cardiac Echogenic focus	<input type="checkbox"/> None seen <input type="checkbox"/> Present _____
Nuchal fold (thickness)	<input type="checkbox"/> Normal _____ mm
Echogenic Bowel	<input type="checkbox"/> Normal <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3
Pyelectasis	<input type="checkbox"/> None L _____ mm R _____ mm

Expand the exam as required. Document and measure, if appropriate, abnormal findings and structures not well seen.

Comments: _____

Date DD - MON - YY Sonographer Initials _____